



TOWN OF GRAFTON
GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MASSACHUSETTS 01519
(508) 839-5335 ext 165 • FAX (508) 839-4602
www.grafton-ma.gov

BOARD OF ASSESSORS

Request for Abutters List

Date of Request: _____ Date List Needed: _____

Requested by: _____ Phone: _____

Name of Property Owner: _____

Street Address of Property: _____

Map: _____ Block: _____ Lot: _____

REASON FOR LIST:

Hearing before Zoning Board of Appeals Yes No

Hearing before Planning Board Yes No

Hearing before Conservation Commission Yes No

Other: _____

REASON FOR HEARING - (please circle)

Variance Scenic Road Title 5 Special Permit Subdivision

Other: _____

RADIUS FOR ABUTTERS - (please check one)

Immediate _____ 300 Feet _____ Upon, along, across or under: _____

LABELS

Two Sets of Labels will be provided if needed: Yes _____ No _____
(Planning Board requires 2 sets of Labels)

Office Use Only

Date List Prepared: _____ Address Labels Prepared: _____

Fee Charged: \$ _____ Amt. Paid: _____ \$ Date: _____

Check: # _____ Cash: \$ _____ Money Order: \$ _____